DOCUMENT RESUME

ED 072 802 LI 004 155

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TITLE	The Role of Biomedical Librarians in a Local Basic Unit Library Organization.
INSTITUTION	Wayne State Univ., Detroit, Mich. Library and Biomedical Information Center.
REPORT NO	WSU-R-61
PUB DATE	Nov 72
NOTE	14p.; (9 References)
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	*Librarians; Library Services; *Medical Libraries; Organization; Role Perception; *Staff Role
IDENTIFIERS	*Librarianship

ABSTRACT

The quality of library service in biomedical institutions ultimately depends upon basic unit librarians. Although the hierarchy is necessary, it can only have as much real authority and cooperation as institutions vest in it by their degree of understanding and sense of personal worth. Vital to this is the local peer groups, which serves two basic needs: a) individual recognition, achievement and responsibility to provide opportunity for personal growth, and b) collective competence and power to act effectively upon hierarchy groups involved in decision making. Within these two categories the seeming dichotomies of personal needs vs. social responsibility, individuality vs. group cooperation, uniqueness vs. conformity, independence vs. interdependence found in individuals and institutions can be fused and utilized in an effective way to influence social change. (Author)

ED 072802

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REPORT

No. 61

The Role of Biomedical Librarians in a Local Basic Unit Library Organization

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The Role of Biomedical Librarians in a Local Basic Unit Library Organization

By

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Detroit
November 1972

INTRODUCTION

The National Library of Medicine (NLM) in its Regional Medical Library Program Policy Statement (1) stressed the importance of the basic library unit* in the development of a national Biomedical Communications Network. As the first and most fundamental level of the four echelons described by NLM, these grass roots units encompass the majority of the nation's biomedical libraries. Yet this large block of manpower, whose service is constantly effected by many external developments, has little opportunity for positive interaction with hierarchy organizations forming policy.

The basic units of the metropolitan Detroit area have responded to this situation through their organization, the Metropolitan Detroit Medical Library Group (MDMLG). The following examples show three types of hierarchies which have imposed policies on these basic units within the past three years, and three types of responses made through MDMLG. The first situation reflects the Group's augmenting of the interlibrary loan policy, formed by the Kentucky Ohio Michigan Regional Medical Library (KOMRML); the second, its organizational potential in feedback to its resource library; the third, its consensus action directed toward a commercial company, whose policy effects library service.

In 1969, when the KOMRML became operational, the interlibrary loan procedures among the ten participating libraries and hundreds of bioscience institutions in the tri-state area had to be standardized. This meant that each basic unit library, to take advantage of the services, had to conform to policies formulated by the Regional Medical Library. In 1970, the Interlibrary Loan Agreement among Biomedical Libraries of Metropolitan Detroit was adopted by forty-four charter institutions, growing to a total of sixty-three by 1972. This Agreement was sponsored by MDMLG. Group members signing this Agreement recognized their interdependence. The choice was to participate in this Group action to form a network over which they had some control, or to conform entirely to the dictates of a Central Office of tri-state organization.

MEDLINE has now been installed in KOMRML participating libraries. Special instructions on this bibliographic facility are necessary. Again, there is little choice for institutions in the Detroit area wishing to use this service. Either librarians become knowledgeable about MEDLINE and standardized policies for its use, or their institutions do not receive as direct and fast service. However, though MEDLINE procedures are formulated by resource libraries, this should not be done without an ear to the concerns of basic unit librarians using this bibliographic tool. Seminars, designed to teach MEDLINE operations and discuss policy and problems are being held for MDMLG members. Again, individuals can exercise some control in hierarchy decisions by direct communication with policy makers in these informal, individually-geared seminars.

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*Basic unit, as used by NLM, refers to any essentially independent biomedical organization, except resource libraries, regional libraries and NLM.

The 1972 court decision on the Williams & Wilkins suit against NLM for copyright infringement resulted in confusion of many biomedical librarians as to what action to take regarding journal subscriptions. Although decisions were ultimately made by individual institutions through their administrations' counsel, MDMLG provided a basic unit forum at which all angles of the case were reviewed and options explored. The result was a unanimous Group statement opposing the principle of institutional subscription rates for periodicals when such rate is charged as a license for photoduplication. Further actions were also suggested to alert the scientific community of the implications involved in the pending suit. Although in this case Group effectiveness is not clearly measurable, individuals used what influence was available to state their convictions. Again, as with KOMRML interlibrary loan and MEDLINE hierarchy decisions, basic unit librarians had an established group of peers through which they could act or take a knowledgeable stand.

HIERARCHY DECISIONS VS. BASIC UNIT INVOLVEMENT

The information explosion and budget limitations make planned and continuous efforts for cooperation on local, regional and national levels manditory. In an age of technological advancement which stresses efficiency and which demands a wider variety of services and subject scope, large resource institutions with existing strengths naturally become key planners. This means that decisions are made in hierarchy positions by a few people which effect many institutions. The result is that biomedical librarians find themselves in the position of having to conform and rise to a variety of hierarchy resource organizations which dictate program and policy. For example, in the Detroit area hierarchy stratas for librarians in health care basic units now include a) the local MDMLG which has consensus policies for cooperative area projects, b) Wayne State University Medical Library (WSUML), the KOMRML participating library through which requests for the regional medical library services are channelled, c) the KOMRML Central Office, which formulates tri-state policy and d) NLM. These hierarchy levels do not include librarians' particular institutions' internal hierarchy stratas under which they must function. Is it possible that, confronted with various hierarchy decisions and given no professional group outlet for constructive dialogue and action to meet their needs, librarians' frustrations and passive role are being inadvertently fostered by those most involved with planning and social change within the health care information system? To what extent can basic unit libraries keep their integrity and indivudality when affected by, but not directly involved in, the decision making process?

An effective means to deal with this situation has been found in the MDMLG. This organization began informally in 1962, when a group of biomedical librarians began concentrating efforts on cooperative area projects. Initial leadership from WSUML, the area resource institution, resulted in the members' early exposure and receptivity to what has become

clear trends in regionalization of health care and standardized library projects. Implementing the KOMRML in 1969 was probably an easier transition in the metropolitan Detroit area because MDMLG had become established, had informal rapport with the staff of the area resource library, and had already been introduced to thinking cooperatively and pooling data of experiences. The fear that institutions which share their resources loose their individuality has not proved true. Mainly because of MDMLG each member represents a unique organization which is expressed through personal contact with individuals and through the discussion of problems which are particular to their institutions. Yet, paradoxically, there is enough common ground to undertake joint projects. To be able to recognize and respect both positions is an ideal atmosphere in which to function cooperatively. Without a local peer group such as MDMLG, a main source of individual achievement and collective power is denied to the majority involved in biomedical library information flow.

Policies, procedures, and cooperative planning must be devised to insure efficient use of our institutional resources. But despite the most sophisticated planning, the success of resource libraries, Regional Medical Libraries and NLM in disseminating information will ultimately rise or fall with librarians in basic units. The degree of their understanding of the system, their needs being met and their interpreting their professional role will reflect the degree of success of the total operation. A hierarchy can hand down mandates designed to upgrade services, but implementation depends on the level of local libraries as they now function. Fantasies of how they could function provide a necessary goal toward which the hierarchy must direct its planning, but one must work within the present. This means willingness to hear local librarians' feedback as a barometer in evaluating present programs and needs. They are the ones who provide the nation's basic manpower for information flow, and the quantity and quality of their work rests upon their personal sense of accomplishment and recognition. This includes having a voice in decisions which directly affect their work.

IMPORTANCE OF INDIVIDUAL PARTICIPATION

Herzberg has noted two factors relating to job satisfaction:

1. Factors relating to job dissatisfaction: These include company policy and administration, supervision, salary, status, job security, interpersonal relations and working conditions. These "dissatisfiers" have also been termed "hygiene", "maintenance" and "preventative and environmental" factors in that they contribute little to job satisfaction. Though not unimportant, they are secondary considerations, providing only short range motivation, temporary satisfaction and recurring chronically.

2. Factors relating to job satisfaction: These include achievement, recognition, work itself, responsibility and advancement. These "satisfier" factors have been termed

> "motivators" in that they reflect man's need to push toward his potential by continuous psychological growth. They provide career orientation and long range satisfaction. (2)

The first category indicates an adjustment to environment relating to material and security needs; the second a more basic adjustment to one's self - his integrity, values and set goals. Gellerman discusses comparable categories as being what one receives in exchange for his work as against what one experiences during his work. (3) In a technology oriented society, it is important that factors in the latter category be realized by individuals, not only in their institutions, but within a structure of peers. At first glance, resulting frustrations of those on the basic unit level may seem insignificant when weighed against those in authority whose positions usually assume they have foresight and abilitities to make decisions progressive in their field. Operations often seem to run smoother and faster when policy dictates go unquestioned. Granted, every organization needs some degree of hierarchy to function efficiently. However, if a profession has no mechanism for all levels to discuss common problems, particularly those resulting from mandates, both those making policy and those following are the poorer in lack of valuable mutual feedback for planning and constructive change.

Gellerman describes results of research done on communication patterns in hospitals, and their measurable effect on personnel (4) Institutions where information flows in an open "communications loop" from and to all levels from hierarchy to grass roots produce higher interest levels and less personnel turnover. Applied to biomedical librarians, it would follow that nigh interest, producing expertise, and less personnel change, producing stability, could result in a knowledgeable basic unit force with considerable influence on decision making in the field.

Conformity in expanding information services will continue to grow. Librarians themselves form a hierarchy level in requiring patrons to comply more to established rules as operations increase in complexity. In proportion to this increased conformity, the need for basic units' involvement with a local peer group is evident. Some will find it difficult. It means giving up many status quo methods, providing time for cooperative projects, constantly evaluating ongoing efforts and recognizing one's dependence in an increasingly interdisciplinary profession. Cooperation can either be seen as threatening, or as a means of freeing librarians to use time formerly spent in searching, compiling and individual negotiating for more resourceful and creative projects. With increased emphasis on a) continued education for a variety of allied health professions, b) public demand for better health care, c) library services recommended in 1970 by the Joint Commission on Accreditation of Hospitals and d) implementing available grants under the Medical Library Assistance Act, librarians have the opportunity to be an active and dynamic part of their institutions. Searching for this

kind of identity can give a boost to the profession, in enabling practitioners to give wider services and contribute more to the current concept of better health care. But, ideally, this can be done only when coupled with an outlet for push against and feedback to the resource institutions upon which librarians depend. With a local supportive peer group as a force for voicing opinions and for constructive action, local librarians need not take a passive role.

METROPOLITAN DETROIT MEDICAL LIBRARY GROUP (MDMLG)

The MDMLG provides such an organization for individual achievement and collective competence. Its activities have been reviewed in the literature on several occasions (5) (6) (7) (8) (9). The following summarizes current ongoing projects and may provide a useful model, in part, for potential basic unit local groups.

Union List of Serials. The Group's most significant contribution to the biomedical community began in 1963 when its Selected List of Biomedical Serials in Twelve Metropolitan Detroit Libraries was published by WSUML. A second edition, published the following year, listed holdings of an additional eight libraries and three Wayne State University (WSU) Library divisions. In 1966 WSU published its first Union List of Serials in the WSU Libraries incorporating the Selected List of Biomedical Serials in Metropolitan Detroit, followed by a second edition in 1968. This provided the core for the present monthly computerized Union List of Serials. What began as a twelve library cooperative project of 3,000 titles has grown in a decade to 20,535 titles listed by forty institutions and eleven WSU Library divisions.* Extensive use of the List has resulted in the Group's unique Interlibrary Loan Agreement, and to better maintenance of serial records by participating institutions.

Union Monograph Catalog. In 1966, a union card catalog was established at WSUML. These holdings of twenty-eight biomedical libraries, along with WSUML's monthly acquisitions lists, formed the basic data published in union book catalogs from June 1966 to January 1969. Although lack of funds meant discontinuing the book catalogs, the union card catalog is still maintained and heavily used for area interlibrary loan. Approximately 17,000 titles are now represented, over half of which are 1967+ imprints.

Organizational Guide for MDMLG. Group consensus in 1969 reflected need for a written organizational document. Membership had grown to ninety institutions, and leadership of quarterly meetings had shifted from WSUML to local biomedical libraries. The brief Organizational Guide

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* In the fifth edition of the Selected List of Biomedical Serials in Metropolitan Detroit to be published in December 1972.

of the MDMLG, adopted in 1970 after several revisions, provides a basic outline of purpose, membership qualifications, executive committee election procedures and terms, and stated meetings without hamstringing the Group with rigid policies and procedures. Abridged from the Organizational Guide for the Midwest Regional Group of the Medical Library Association, it has proved flexible enough for the Group's need.

Interlibrary Loan Agreement among Biomedical Libraries of Metropolican Detroit. As utilization of the Union List of Serials grew, informal interlibrary loan arrangements needed coordinating for a uniform area policy. Adapted from the American Library Association Interlibrary Loan Code, discussed and revised in many drafts, this unique Agreement was finally adopted in 1970. Each signed agreement represents not only an awareness of the librarian's social responsibility and interdependence, but his administrator's willingness to abide by the policies stated. Signatures of both parties were required. Sixty-three institutions are now participating. To keep the Agreement viable, an Evaluation Committee nominated by participants has been charged with continuing analysis of the project's effectiveness and with monitoring violations.

Report Series Data. As a cross section of various types, sizes and clientele, institutions represented in the MDMLG have provided a unique source for gathering data. The majority of the fifty-nine published WSUML Reports reflect information made available by Group members for biomedical library studies.

Metropolitan Detroit Medical Library Resources Grant. In January 1972 NLM funded a three year grant, made available to the MDMLG for cooperative projects. Although the grant was submitted by WSUML, the process of formulating priorities was done by Group consensus from a list of needs submitted by the Group's Grant Proposal Committee. The grant has made possible the Metropolitan Detroit Medical Library Resources Office responsible for planning and coordinating programs to meet expressed needs.

MDMLG QUESTIONNAIRE FOR FUTURE PLANNING

To function effectively, a group needs constant self-examination, input for personal growth needs in the profession and a climate encouraging active participation. Group consensus can only be as strong as individuals involved. In late 1971, as an aid to planning future programs and direction, a brief questionnaire was sent to Group members by the Executive Committee. It involved, a) each member's evaluation of the Group, b) his expectations not being met within the organization and c) his comments regarding interests, projects and problems he would like to see explored.

Methodology. A total of ninety-six questionnaires were sent to institutions on the MDMLG mailing list. This list was composed of metropolitan Detroit institutions which had either shown an interest in the MDMLG, or had used WSU as a resource library. Although limiting the

survey to active participants in the Group would have assured a higher percentage of returns, survey of the entire list gave even those showing little interest an opportunity for involvement if they wished.

Thirty percent of the institutions contacted did not respond. Analysis of these twenty-nine showed that fourteen gave library service through medical records personnel, six through part-time clerks or secretaries, two through professional medical personnel, two through part-time medical librarians and one through the hospital administrator. Two additional institutions with professional librarians were industrial corporations, with interests not primarily biomedical. Only two of those not responding were full-time medical librarians.

Seventy percent of those receiving questionnaires responded. Of these sixty-seven, fourteen librarians expressed interest in becoming active but, being either newly appointed or never having previously attended meetings, felt unqualified to give their opinions. Five wished to be kept informed of Group activities, but expressed no interest in attending meetings. These five consisted of two industrial corporations having sporadic needs for biomedical information and three health care institutions with part-time personnel employed for library service. Results were tallied from the remaining forty-eight questionnaires returned with response. Considering average Group attendance to be forty members, and that the majority of respondents attend three to four meetings annually, this tallied group represents the present core of leadership. To avoid weighting in the direction of resource library staff interests, results included only two questionnaires from WSUML.

Since expressions were highly subjective, depending upon individual standards for Group performance and one's own level of competence, results were difficult to evaluate objectively. However, soft data based on attitudes, feelings and needs can be jelled enough to pinpoint strengths and weaknesses in the Group and to give an overview of its present status and the direction it wishes to take. It was interesting to note that, although forms could be returned unsigned, most respondents chose to identify themselves with their comments.

Results. Eighty percent of the Group rated their interest level excellent or good. Areas felt to need most improvement were Group discussion and development of a social theory of librarianship as related to the profession's long range goals. The area rated highest was institutional cooperation, an outcome reflecting the successful network projects of the past decade. Leadership was also rated high, though the majority did not judge themselves to be in the active leader category.

Expectations not met by the Group feel into five categories:

1. The Group needs more cohesiveness: Suggestions were for more members' participating in discussion and more

solidifying of general goals and aims. Forming small study groups was felt necessary to provide carry-over enthusiasm between quarterly meetings and to develop confidence in new and reticent members. Many smaller libraries expressed a need to contribute more, feeling that occasional in-group activities monopolized by larger institutions and more experienced personnel cause some friction.

2. The Group needs more emphasis on practical approaches to problems: Many felt that, although theoretical discussions were important, everyday problems needed more emphasis. Needs of a librarian working alone in a library were felt to differ from resource institutions with large staffs.

3. The Group needs a system of basic orientation: This need was expressed for new members to give practical orientation to the regional network, to tapping into ongoing Group projects and in assisting with practical problems initially encountered by those new to the field. Need for these orientation seminars was expressed by experienced as well as new Group members in that, with the highly developed area interlibrary loan activity, procedure understanding benefits everyone.

4. The Group needs more variety of agenda: Much of the Group's effort during the past years has been spent in ongoing cooperative projects, which need Group meeting time for frequent evaluation. Special interest groups were suggested to report findings and develop experts who could be tapped when sub groups' or individual needs arise.

5. The Group programs sometimes fall short of the intellectual level of members: This comment was made mainly by members of long standing in the Profession and Group. Since, in many ways, it runs counter to the basic unmet expectations expressed in 2 and 3 above, it emphasized the Group's need to plan leadership outlets for a variety of levels.

Responses to interests, problems and projects which individuals would like to see explored varied widely. Almost all indicated they would like to participate in the study groups. Listed in order of interest shown, suggested studies involved:

1. Continued discussion and implementation of network development involving more area institutions in the serials list, union book catalog, exchange lists, cooperative cataloging and ways of sharing expensive services and resources.

2. A library evaluation committee to draft standards and evaluate libraries upon request.

3. Cost analysis of library functions, including relationship to growing financial problems of parent institutions.

4. Computer resources as related to medical libraries.

5. Audio visual materials and equipment.

6. Responsibilities involved in professionalism, including professional attitudes, philosophy of librarianship and direction professional skills must take for future planning.

7. Planning for hospital libraries, both new and expansion of old.

8. Government documents.

9. Production of a procedures manual for hospital librarians.

10. LC classification and subject headings as related to specific collections.

11. Copyright laws related to medical library operations.

12. NLM: its operation and philosophy as related to regional and local libraries.

13. Library committees as they function in local hospitals.

14. Review of new and old medical literature tools.

15. Pamphlet and vertical files.

16. The hospital as a social institution.

To date, the first five categories, requested by the most individuals, are either in process of being implemented or have been realized in study groups.

Implications. When this survey was taken in 1971, the Metropolitan Detroit Medical Library Resources Office had not yet been established. Its funding in January 1972 has since provided key personnel, a central office and backup research and expertise for coordination of the Group's suggestions. Data from the survey provided basic units' feedback upon which the Resources Office could act. The result has not been programs

initiated by hierarchy and presented by experts on a one day basis. Programming springs from expressed needs of the Group and includes their continued involvement. Scheduled reporting of serial holdings, collecting data for comparative reports, designing and evaluating questionnaires, discussing and implementing ideas of regional and local meetings and formulating MEDLINE searches for class discussion are all ongoing, long-term projects requiring more than just attendance at stated meetings.

The needs for more cohesiveness and participation, more emphasis on practical problems, variety of agenda and higher intellectual level of program have partly been met in the variety of programs set in motion outside quarterly Group meetings. Utilizing members' special interests through a small group approach has no doubt contributed to the increased attendance at quarterly meetings during 1972. Particularly significant is the number of medical records librarians responsible for library service who have attended these and the basic orientation meetings.

Finally, the survey reinforces four major functions of the MDMLG, both in opinions and feelings expressed and in response shown in implementing suggestions. The Groups strength lies in it being:

1. A continuing education unit, with opportunities for leadership at a variety of levels and with self determination of program.

2. A forum in which to share information, voice opinions, and air grievances and misunderstandings.

3. A power group through which to directly confront the area resource library.

4. A professional peer group, which provides stimulation, recognition, support and a mechanism for objective evaluation.

5. A cooperative actio unit, with power to augment, modify and even change hierarchy decisions, to exploit local resources and to become involved in issues which effect services and long range goals.

SUMMARY

The quality of library service in biomedical institutions ultimately depends upon basic unit librarians. Although the hierarchy is necessary, it can only have as much real authority and cooperation as institutions vest in it by the r degree of understanding and sense of personal worth. Vital to this is the local peer group, which serves two basic needs: a) individual recognition, achievement and responsibility to provide opportunity for personal growth, and b) collective competence

and power to act effectively upon hierarchy groups involved in decision making. Within these two categories the seeming dichotomies of personal needs vs. social responsibility, individuality vs. group cooperation, uniqueness vs. conformity, independence vs. interdependence found in individuals and institutions can be fused and utilized in an effective way to influence social change.

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